

{ motion to reschedule the default hearing
& continue my case at the Federal court.

civil # 04-12648 MLW.

Dear Judge Wolf,

As Pro-se, I always follow the requests from the court.

- on 9.16.04, I received the "dismissal and notice of rights" from U.S. Equal Employment Opportunity Com., so the next step, I must have filed a law suit.
- on 10-4-04, I spoke with Ms. Susan Tenness about my case at the Pro-se department. She told me "I can file my case at the Federal court".
- on 8-24-05, Judge Wolf "granted" me the Marshals Service to the defendants.
- on 9.30.05, The Marshals served the summons and the complaints to the defendants.
- Ms Valerie, the defendant has had the audacities to fabricate my employment - file, lied to the DET, Mass Board of Review, Mass Public Health... That's why she lost. I do not know where she is now. The letters are sent back to me. (Please see notices from Post office)
- I checked with the Secretary of the state, there is the same address that she registers with the state. The building now is closed.
- I was wrongfully terminated on 3.7.01, over 5 years ago. I have waited so long for the hearing before this court.

(over)

- I can not afford the financial to find her. There is no reason for me to file another law-suit with different court. She has never sent me any copies that she was supposed too. She just disappeared, she totally ignored me and the court. (I sent copies of complaints & motions to her.)
- The default hearing was scheduled on 8.18.06 Just 2 days before this hearing. I received the "cancelled" on 8.16.06 wednesday.
- As Pro-Se, I hope the court can reschedule the default hearing, deferred hearing... and let me continue my case at the federal court. Hopefully I can complete the case this year. 2006.
- Legally, Financially, Mentally, Morally... I deserve at least a hearing with this court.

Thank you for your attention to this matter.

Sincerely,
Loz Nguyen
Pro-Se

C.A. No. 04-12648MLW

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
LOC NGUYEN	CA 04-12648-MLW
DEFENDANT	TYPE OF PROCESS
Carol Valerie and Anthony Leung	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	Carol Valerie and Anthony Leung, D/A Anthony Leung Home
	66 Johnson St. L.A. 90011-1902

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

LOC NGUYEN
112 L.A. MARSHAL Bldg. #702
L.A., CA 90011-1902

Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service).

Fold

ATTORNEY 9-4pm 11/11/05 → F
791 592 5849

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

7-655-352

11/11/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	Nancy Salazar	9/11/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

CATHY - NURSING HOME STAFF

☒ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

SAME

Date of Service

9/11/05

Time

2

am

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
15.00	3.76		53.76			

REMARKS:

SERVED EMPLOYEE OF CAROL VALERIE - NURSING HOME
STAFF - CATHY

NOTE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	<i>L & M INCORPORATED</i>	COURT CASE NUMBER	<i>2:04-cv-12648-MLW</i>
DEFENDANT	<i>U.S. DEPARTMENT OF JUSTICE</i>	TYPE OF PROCESS	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<i>1</i>
<i>L & M INCORPORATED</i>		Number of parties to be served in this case	<i>1</i>
<i>112 Atlantic Street #204</i>		Check for service on U.S.A.	<i>2:5</i>
<i>Danvers, MA 01902</i>			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

781-595-3352

DATE

*1/1/05***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>Karey Delaney</i>	Date <i>9/1/05</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

NURSE - CATHY - NURSING HOME STAFF☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

SAME

Date of Service <i>9/30/05</i>	Time <i>2</i>	am <i>pm</i>
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Signature of U.S. Marshal or Deputy

Jeff [Signature]

Service Fee <i>45.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>45.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

*SERVED EMPLOYEE OF CAROL VALERIE - NURSING HOME STAFF - CATHY.***NOTE**

L. D. Nugeyen
192 Washington Street Apt202
Lynn, MA 01902

CA# 04 12648 MLW



7005 2570 0002 3412 0309



9261



01902

U.S. POSTAGE
PAID
EVERETT, MA
JUL 27, 2006
\$4.00

Carol Valeri
66 Johnson Street
Lynn, Ma 01902

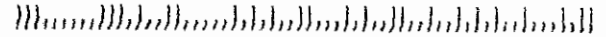
NIXIE 019 1 39 07/29/06

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

01902+4141 C001

BC: 01902474859 *1221-06921-27-44

0190274748



oc D. Nugeyen
92 Washington Street Apt208
Lynn, MA 01902

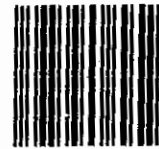
2nd



7005 2570 0002 3412 0316



9261



01904

U.S. POSTAGE
PAID
EVERETT, MA
JUL 27, 2006
\$4.64
00068814

VAA

Carol Valeri
36 Daytona RD
Lynn, MA 01904

Return
To
Sender

01904+132E C052

0190274748

NIXIE 019 1 39 08/02/06

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 01902474859 *1221-06922-27-44



CA#12648MLW

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carol Valeri
66 Johnson Street
Lynn, MA 01902

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 2570 0002 3412 0309

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carol Valeri
36 Daytona RD
Lynn, MA 01904

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 2570 0002 3412 0316

PS Form 3811, February 2004

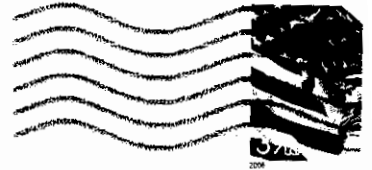
Domestic Return Receipt

102595-02-M-1540

Loc D. Nugeyen
192 Washington Street Apt208
Lynn Ma 01902

BOSTON MA 021

27 JUL 2006 PM 16 T



CA # 04-12648 MLW

Carol Valeri
66 Johnson Street
Lynn, Ma 01902

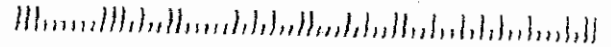
3rd

NIXIE C18 1 39 07/29/06

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

01902+4141
01902%4748

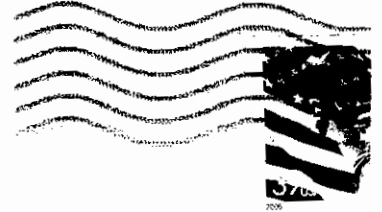
BC: 01902474858 *1521-06817-27-40



Loc D. Nugeyen
192 Washington Street Apt208
Lynn, Ma 01902

BOSTON MA 021

27 JUL 2006 PM 15 T



CA # 04 12648 MLW

192y
192y CAROL NUGES HOME

Sachem Associates, Incorporated
66 Johnson Street
Lynn, Ma 01902

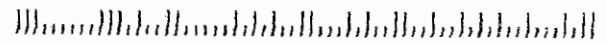
4th

NIXIE C18 1 39 08/02/06

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

01902+4141
01902%4748

BC: 01902474858 *1521-01943-27-40



CA# 04-12648 MLW



***** WELCOME TO *****

EVERETT STATION
 EVERETT POST OFFICE
 11 Norwood St.
 Everett, Ma. 02149
 07/27/06 05:14PM

Store USPS	Trans 88
Wkstn sys5004	Cashier YSMVHO
Cashier's Name	ARMAND
Stock Unit Id	SIAARMAND
PO Phone Number	617-387-3913
USPS #	2407980149

1. First Class	4.64
Destination:	01902
Weight:	0.70 oz.
Postage Type:	PVI
Total Cost:	4.64
Base Rate:	0.39
SERVICES	
Certified Mail	2.40
70052570000234120293	
Rtn Recpt (Green Card)	1.85
2. First Class	4.64
Destination:	01902
Weight:	0.70 oz.
Postage Type:	PVI
Total Cost:	4.64
Base Rate:	0.39
SERVICES	
Certified Mail	2.40
70052570000234120309	
Rtn Recpt (Green Card)	1.85
3. First Class	4.64
Destination:	01904
Weight:	0.70 oz.
Postage Type:	PVI
Total Cost:	4.64
Base Rate:	0.39
SERVICES	
Certified Mail	2.40
70052570000234120316	
Rtn Recpt (Green Card)	1.85

Subtotal	13.92
Total	13.92

Cash	15.00
Change Due	
Cash	1.08

Number of Items Sold: 3

Thank You
 Please come again!

CA#12648 MLW

7005 2570 0002 3412 0316

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

UNIT ID: 0149
 Postmark Here
 JUL 27 2006
 Clerk: YSM/HO
 07/27/06

Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: Carol Valeri
 Street, Apt. No.: 36 Daytona RD
 City, State, ZIP+4: Lynn, MA 01904

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0002 3412 0293

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

UNIT ID: 0149
 Postmark Here
 JUL 27 2006
 Clerk: YSM/HO
 07/27/06

Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: Sachem associates, Incorporated
 Street, Apt. No.: 66 Johnson Street
 City, State, ZIP+4: Lynn, MA 01902

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0002 3412 0309

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

UNIT ID: 0149
 Postmark Here
 JUL 27 2006
 Clerk: YSM/HO
 07/27/06

Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: Carol Valeri
 Street, Apt. No.: 66 Johnson Street
 City, State, ZIP+4: Lynn, MA 01902

PS Form 3800, June 2002 See Reverse for Instructions